

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DAVID PENNEY
2400 E 30 S
BOX 312
BEAVER UT 84713-0312

4a. Article Number

7002 0510 0003 8603 2649

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

12-13-05

JB DOGM S/001/035 & S/027/024
12/7/05

5. Received By: (Print Name)

David L Penney

6. Signature: (Addressee or Agent)

David L Penney

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

JB DOGM S/001/035 & S/027/024
12/7/05

Postage	\$	Extension Beyond 90 days
Certified Fee		Postmark Here
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To

DAVID PENNEY

Street, Apt. No.,
or PO Box No.

2400 E 30 S BOX 312

City, State, ZIP+4

BEAVER UT 84713-0312

PS Form 3800, January 2001

See Reverse for Instructions